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CONFIRMATION NO. 5492

<b>SERIAL NUMBER</b> 09/701,536	<b>FILING OR 371(c) DATE</b> 06/18/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 6395-64907-01
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US99/12298 06/03/1999 which claims benefit of 60/087,908 06/04/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**

46135

**TITLE**

Nucleic acid vaccines for prevention of flavivirus infection

<b>FILING FEE RECEIVED</b> 1466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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